

Reporting Format-B

Structure of the Detailed Reporting format

(To be submitted by Evaluators to SACS for each TI evaluated with a copy to NACO)

Introduction:

Background of Project and Organization:

RISHTA DOWN MEMORY LANE...
1998-2008

RISHTA an organization formed by a group of individuals working for several years in the field of HIV/AIDS was formed with a prime goal of working for people living with HIV/AIDS to reduce stigma and discrimination faced by them at their work place, homes, hospitals etc.

Right since inception immense work has been done and going on in the field of HIV/AIDS in the form of awareness programmes conducted for school and college students, youth, hotel staff, taxi drivers, motorcycle pilots, shack staff etc. along the North Goa coastal belt from Anjuna to Calangute. Besides this Rishta is also working with jail inmates in jails and sub jails in the entire state of Goa. Also, Rishta has put in a lot of their creative ideas and hard work in conceptualizing a street play, which is now being performed in various parts of Goa. The street play entitled "EK VICHAR" has won several awards for their performance in the state of Goa.

Goa State AIDS Control Society is funding us for the last 10 years and has awarded Rishta with two new projects one is the project to work with core composite group i.e Gay Community and Female Sex Workers in the north Goa coastal belt and the other with the Gay Community in the North Goa district. Rishta's hard work was appreciated and we got good support from not only the community but also the funders and we were awarded the AIDS HELPLINE 1097 which was inaugurated on 1st December 2002 by the then Hon'ble Chief Minister, Shri Manohar Parrikar and Rishta managed the same for a period of 2 years.

Name and address of the Organization ;-

Rishta

Address: 2nd floor, Zeib Reina Complex, Naika Vaddo, Calangute,Goa

Chief Functionaries:

BOARD MEMBERS

- 1) Ms. Veronica D'Souza – President
- 2) Mrs. Sandra Menezes – Secretary

- 3) Mr. Denzil D'Souza – Treasurer
- 4) Dr. Mahesh Pai – Member
- 5) Ms. Sofia Heredia – Member
- 6) Ms. Joyce fernandes – member
- 7) Dr. Christina De Souza – member
- 8) Mr. Nelson Rodrigues – member

Year of establishment:

Reg. No. 162/Goa/98

7th Oct. 1998

Year and month of project initiation:

November 2007

Evaluation

Time: April '19 to January '20

Profile of TI

(Information to be captured)

Target Population Profile : 1000

Type of Project : Core Composite

Size of Target Group : MSM 500 FSW 500

Sub-Groups and their Size : MSM 541 – koti 200, DD 318, TG 23

FSW 516 – Street 87, Home 305, Lodge 124

Target Area: Sites: calangute, baga, sinquerin, candolin, Arpora, Anjuna, Vagator

Key Findings and recommendations on Various Project Components

I. Organizational support to the programme

Interaction with key office bearers, 2-3, of the implementing NGO/CBO to see their vision about the project, support to the community, initiation of advocacy activities, monitoring the project etc...

Interacted with the Programme Manager 1, Counsellor 1, M&E Cum Accountant 1, 3 ORWs and 6 + 5 Peers. 20 MSM and 19 FSWs and 7 stakeholders.

Project Manager is monitoring whole project activities on a day today basis. Project Manager is well experienced and qualified, providing the field supervision to the ORWs, Counselor and Peer Educators.

All TI staff members are given appointment letters with job profiles and are working towards the program needs. They have also conducted Advocacy meetings and given their support at the time of crisis.

II. Organizational Capacity

1. Human Resource, staffs, governing board, Peer Educators are in place, capacity building and the support by the Governing board is satisfactory.

At the project level following staff structure is functioning as per the TI Requirements & Guidelines

- Project Director
- Project Manager
- Counselor
- Accountant cum M &E
- Outreach worker 4
- Peer Educators : 12
- Doctor -1

Two ORWs have joined 3 months other staff members are with TI for more than 2 years. All staff members as well as peer educators are aware about their respective roles and responsibilities. She is supervising and monitoring the project activities well.

2. Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.

No training is conducted.

3. Infrastructure of the organization

The Organization has its office and DIC at primary location. All assets are properly codified and asset register is maintained.

4. Documentation and Reporting: Mechanism and adherence to SACS protocols, availability of documents, mechanism of review and action taken if any, timeliness of reporting and feedback mechanism, dissemination and sharing of the reports and documents for technical inputs if any.

Organization is preparing and submitting all necessary reports/CMIS, SOE in time to GSACS. Reports are prepared as per GSACS & TSU guidelines.

III. Program Deliverables

Outreach

1. Line listing of the HRG by category.

Line listing is as per category, updated and maintained.

2. *Registration of MSM / FSW condom distribution and one to one counselling.*

MSM active population 541, counseling of HRG 105 and STI clinic 90.

FSW active population 516, counseling of HRG 99 and STI clinic 87

3. Micro planning in place and the same is reflected in Quality and documentation.

Micro planning is done routinely. All the tools are used. Committees are formed, SHGs of FSWs are developed, and advocacy meetings are conducted.

4. Coverage of target population:
From April 2019 to January 2020 MSM – 541, FSW - 516

5. Outreach planning – quality, documentation and reflection in implementation

Outreach Planning is done by the TI team with Peers. Form A, B, C, C1 AND D are maintained by ORWs. Achievement against target is more than 80 % in most of the components. Peer Educators are good in their rapport and work.

PEs need more training from TSU.

6. PE: HRG ratio

PE: HRG ratio is 1: 80

7. Regular contacts (as contacting the community members by the outreach workers / Peers at least twice a month and providing services such as condoms and other referral services to FSWs for 20 days in a month. - understanding among the project staff, reflection in impact among the community members

Regular contacts of MSM are average 481 and FSW 484. Condoms and other referral services are provided. Staff and Peers have understanding of the components.

9. Documentation of the Peer educators.

Peers are maintaining form B, ORWs are monitoring and maintiang the reports of peers. Peers are well verse with the form B and could explain it.

10. Quality of peer education- messages, skills and reflection in the community

Peers are having good rapport with the community. They are reaching out the community. All have proper knowledge of the components. All are good in communication.

11. Supervision- mechanism, process, follow-up in action taken etc.

All staff and PEs meetings are held on weekly and monthly basis for review and further planning. Timely submission of SIM and DASH BORD report is done.

IV. Services

1. Availability of STI services – Mode of delivery, adequacy to the needs of the community.

Project is having static clinic. The doctor who is coming at clinic also serves as PPP. All records are maintained by Counselor at the project office. Project also organizes health camps on their sites. January '20 onwards started CBS.

The project should have male doctor for MSM community. More PPP should be involved site wise.

2. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy etc.

The clinic is fully equipped. STI drugs are provided by GSACS. They are referring MSM/FSWs to Govt. Hospital and PHC for HIV, syphilis testing. Recently CBS started.

3 Quality of treatment in the service provisioning- adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to ICTC, ART, DOTS centre.

Syndromic management is done. Doctor is BAMS. She is not trained. The PM has trained her. Follow up is done by counselor and doctor. Referral is done at ICTC, ART.

Follow up of STI should be documented.

5. Documentation- Availability of treatment registers, referral slips, follow up cards (as applicable- mentioned in the proposal), stock register for medicines, documents reflecting presence of system for procurement of medicines as endorsed by NACO/SACS and the supporting official documents in this regard.

All documents related to clinic are maintained by Counselor. All documents are updated. All project registers are in place. Referral records are maintained properly. Crosschecking with ICTCs Candolim PHC were done and observed that all the referrals are maintained.

6. Availability of Condoms- Type of distribution channel, accessibility, adequacy etc.

Free condom distribution is done on the basis of need; condoms are distributed by peer educators. Social marketing of condoms is initiated.

7. No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.

April 2019 to January 2020: Condom gap analysis is conducted on regular basis. Condoms are provided as per requirement. Condom demand for MSM 15891. Free distribution is 15891 and SM is 1360. Condom demand for FSW 14888. Free distribution is 139101 and SM is 1450.

- 8 Information on linkages for ICTC, DOT, ART, STI clinics.

Organization has linkages with ICTC, ART, DOTS and STI clinics. All the referrals done to ICTCs were actually tested for HIV and RPR. During the evaluation period one MSM tested HIV positive, who is registered at ART.

10. Referrals and follows up

ICTC referral slips are maintained at ICTC, client and TI Counsellor. The organization has 14 HIV positive in contact. Follow up is done on regular basis by the counselor. STI patients are treated at static clinic, PPP and health camp. Follow up is done by the counselor and doctor. STI drugs and HIV kits are provided by GSACS.

V. Community participation

Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project.

Different committees are formed. Condom Committee – 7 members, Crisis Committee – 69 members, Event committee – 7 members. SHG - 3 (22 + 22 + 18 members).

VI. Linkages

Assess the linkages established with the various services providers like STI, ICTC, TB clinics etc...

TI staff and community are having good access to ICTC, ART center.

HIV testing at ICTC MSM 541 active population (1 time 412, 2 times 108, never tested 13) 516 FSW active population tested for syphilis. (47 - 2 times, 1 time - 388, 0 - 74)

Syphilis testing MSM 541 active population (1 time 410, 2 times 108, never tested 23) 516 FSW active population tested for syphilis.

VII. Financial systems and procedures

- 1) Systems of planning: Existence and adherence to NGO-CBO guidelines/ any approved systems endorsed by SACS/NACO- supporting official communication.

Project follows the NGO/CBO Guidelines.

Vouchers and bills are maintained with approval. The vouchers and bills are in place. The SOEs are submitted to GSACS office and taking acknowledgment.

- 2) Systems of payments- Existence and adherence of payments endorsed by SACS/NACO, availability and practice of using printed and serialized vouchers, approval systems and norms, verification of documents with minutes, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments.

All vouchers are in printed form and machine numbered, ledger is maintained on computer in Tally package and also on books. All payments are made obtaining bills and supporting documents. Salaries and TA are paid to staffs by their SB accounts by PFMS.

- 3) Systems of procurement- Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO, adherence of WHO-GMP practices for procurement of medicines, systems of quality checking.

Drugs are not purchased

- 4) Systems of documentation- Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports

All vouchers are in printed form and machine numbered, ledger is maintained on computer in Tally package. (All transaction are done according to PFMS System). Separate bank account is maintained.

VIII. Competency of the project staff

VIII a. Project Manager

Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in place, financial management, computerization and management of data, knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.

The Project Manager is working with the project from 2014. She worked as counselor and M&E earlier. She is BA. She is thorough with project components and leading the team in right direction. She has good communication at all levels. She has very effective supervisory capacity on overall program. She is actively participating in the field level activities.

VIII b. Counselor

Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers, field visits and initiation of linkages etc

Counselor is 12th pass and with the project from 2018. Earlier worked as M&E. She maintains all the counseling and clinic related documents well. Drug register is maintained by Counsellor.

Counsellor needs to modify records like STI follow up register, HIV positive follow up register.

VIII d. ORW

Knowledge about target on various indicators for their PEs, outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC testing, support to PEs, field level action based on review meetings etc..

There were 4 ORWs but evaluation time 3. One is 8th pass, one is 10th pass and one is MSW. Two female ORWs were earlier PEs then appointed as ORW. The male ORWs are from community.

The ORWs have knowledge but need brush up.

VIII e. Peer educators

Prioritization of hotspots, importance of RMC and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about service facilities etc.

Interacted with 6 MSM PEs and 5 FSW PEs. Peer educators are having good and effective rapport with community members. They are doing condom distribution based on demand. They are empowered and demonstrated condom demo satisfactorily.

They contact regularly their KPs. Take them to clinic for RMC and to ICTC for HIV, syphilis testing. They are well aware of the STI symptoms.

VIII f. Peer educators in IDU TI

Prioritization of hotspots, condom demonstration, importance of RMC and ICTC testing, knowledge about condom depot, symptoms of STI, working knowledge about abscess management, local drug abuse scenario, de-addiction facilities etc.

NA

VIII g. Peer Educators in Migrant Projects

Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to priorities the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condoms, able to plan their outreach, able to

NA

Manage the DICs/ health camps, working knowledge about symptoms of STI, issues related to treatment of TB, services in ICTC & ART.

VIII h. Peer Educators in Truckers Project

Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics.

NA

VIII i. M&E officer

Whether the M&E officer (FSW and MSM/TG TIs with more than 800 population and all migrant Tis are eligible for separate M&E officer) is able to provide analytical information about the gaps in outreach, service uptake to the project staff. Whether able to provide key information about various indicators reported in TI and STI CMIS reports.

M & E officer cum accountant is 12th pass and Diploma in Tally package. She joined April 2019. She maintains all datas in the computer and account related documents. She submits SOE, monthly input sheet, SIMS, 31 indicators, ICTC linkages, Dash board on monthly basis.

Need to train her on data analysis. Like spot analysis, STI symptoms analysis, Risk analysis etc.

IX. a. Outreach activity in Core TI project

Interact with all PEs (FSW, MSM and IDU), interact with all ORWs. Outreach activities should reflect in the service uptake. Evidence based outreach plan, outreach monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.

Outreach activities are planned routinely. List of KPs due for RMC, ICTC of the month are given to PEs and they are taken for the service. PEs provide condoms.

X. Services

Overall service uptake in the project, quality of services and service delivery, satisfactory level of HRGs,

Community's service uptake is good. Community members are availing STI services and ICTC services. Staff is maintaining the confidentiality.

XI. Community involvement

How the TI has positioned the community participation in the TI, role of community in plan

NGO is giving priority and space to the community in making policies and organization development in all the components. it is visible.

XII. Commodities

Hotspot / project level planning for condoms. Method of demand calculation Programme if any,

Condom gap analysis is conducted at the interval of 3 months. Project is doing condom distribution.

XIII. Enabling environment

Systematic plan for advocacy, involvement of community in the advocacy, clarity on advocacy, networks and linkages, community response of project level advocacy and linkages with other services etc..

3 Advocacy meetings are conducted when crisis took place.
The team was explained who could be stakeholders like police, lawyers; people from govt. health dept. social welfare dept. Advocacy at police station should be done at every 3 months as the transfer of the staff is often.

Social protection schemes / innovation at project level HRG availed welfare schemes, social entitlements etc.

Not observed

XV. Best Practices if any.

Organization started website and webpage on facebook with the vision of old age home for the community.

Not observed any.

Confidential

Reporting form C

EXECUTIVE SUMMARY OF THE EVALUATION
(Submitted to SACS for each TI evaluated)

Profile of the evaluator(s):

Name of the evaluators	Contact Details with phone no.
Mrs. Snehlata Bhatia	snehlatarbhatia@gmail.com 9879517651
Mr. P. Lenin Shyamraj	Leninshyamraj.p@gmail.com 9849889491
Mr. Vinay Gawde – Finance	
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	Rista Core composite
Typology of the target population:	Core composite
Total population being covered against target:	100%
Dates of Visit:	4 th and 5 th March 2020
Place of Visit:	NGO office – Calangute - Naikawada, Site – Mapusa, Baga, Calangute, Candolim site and PHC

Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
Below 40%	D	Poor	
41%-60%	C	Average	
61%-80%	B	Good	77.30 % Recommended for continuation

Critical Observations:

Areas of the Project	Achievement	Areas of improvement	Recommendations
Organizational Capacity			
Program Deliverables			
Out reach			
Services			
Commodities			
Enabling Environment			
Financial systems, procedures and expenditure			

Specific Recommendations:

<ul style="list-style-type: none"> • Planning and record keeping need modification. • Committees meetings are stereo types. Need to focus on issues and how to improve program • Police, lawyers, social welfare dept. should be involved as stake holder. • There is strong need of training to the new staff and doctor. Refresher for the old staff. • Documentation like STI follow up and HIV positive is needed • Data analysis like spot analysis, STI symptoms analysis, risk analysis should be done so that micro plan can be developed. • GSACS should appoint one TSU person for intensive visit for fine tuning of the organization
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Name of the evaluators	Signature
Mrs. Snehlata Bhatia	

Mr. P. Lenin Shyamraj	
Mr. Vinay Gawde, Finance	